

CLAIMS ONLY						Application Number 10/789 955	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/		/				
2		/		/			
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47							
48							
49							
50							
Total Indep	21		21				
Total Depend	17	←	15	←	←		
Total Claims	19		27				